



945 82nd Parkway Myrtle Beach, SC 29572
P: 843.692.1969 | F: 843.692.1981

Patient Instructions: Please complete the below form, and mail or fax it to your previous imaging facility so that we may receive your health records prior to your appointment with Grand Strand Health. This will help start the process quickly and speed up your exam results.

Request for prior Mammography/Breast US imaging

Patient name: _____ D.O.B. _____

Prior facility name: _____

Facility phone number: _____ Facility fax number: _____

Notes: _____

Office: Please send a DICOM disc to the Grand Strand Health Breast Center at the address above and fax reports to 843.692.1981.

Images can also be received through POWERSHARE or Lifeimage.

Patient signature: _____ Date: _____

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